

**Commonwealth of Virginia
Department Of Social Services
DIVISION OF CHILD SUPPORT ENFORCEMENT**

CHANGE OF NAME/ADDRESS REQUEST

**ALL NAME/ADDRESS CHANGES MUST BE IN WRITING AND SUBMITTED TO THE
DISTRICT OFFICE THAT MANAGES YOUR CASE.**

District Office addresses, fax numbers and areas served can be found on our website at
WWW.DCSE.DSS.STATE.VA.US

Custodial Parent

Noncustodial Parent

DCSE Case No.

COMPLETE THIS SECTION WITH YOUR FORMER NAME/ADDRESS (Please Print)

Former Name

Former Address (no., street, city or town, state, and ZIP code)

Former Work/Home Telephone No.

COMPLETE THIS SECTION WITH YOUR NEW NAME/ADDRESS (Please Print)

Name

New Address (no., street, city or town, state, and ZIP code)

New Work/Home Telephone No.

Signature

Date

**VIRGINIA LAW REQUIRES EACH PARENT TO PROVIDE NOTIFICATION OF A CHANGE
IN HIS OR HER HOME AND WORK ADDRESSES AS WELL AS HOME OR WORK
TELEPHONE NUMBERS. ALL NAME/ADDRESS CHANGES MUST BE IN WRITING AND
SUBMITTED TO THE DISTRICT OFFICE THAT MANAGES YOUR CASE. (§63.2-1916) (§20-
60.3)**